

12-18-01

PTO/SB/05 (08-00)

Approved for use through 10/31/2002 OMB 0651-0032

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**UTILITY
PATENT APPLICATION
TRANSMITTAL**

(Only for new nonprovisional applications under 37 CFR 1.53(b))

APPLICATION ELEMENTS

See MPEP chapter 600 concerning utility patent application contents.

1. Fee Transmittal Form (e.g., PTO/SB/17)
(Submit an original and a duplicate for fee processing)
2. Applicant claims small entity status.
See 37 CFR 1.27.
3. Specification [Total Pages
(preferred arrangement set forth below)] 16
 - Descriptive title of the invention
 - Cross Reference to Related Applications
 - Statement Regarding Fed sponsored R & D
 - Reference to sequence listing, a table, or a computer program listing appendix
 - Background of the Invention
 - Brief Summary of the Invention
 - Brief Description of the Drawings (if filed)
 - Detailed Description
 - Claim(s)
 - Abstract of the Disclosure
4. Drawing(s) (35 U.S.C. 113) [Total Sheets 3]
5. Oath or Declaration [Total Pages 1]
 - a. Newly executed (original or copy)
 - b. Copy from a prior application (37 CFR 1.63 (d))
(for continuation/divisional with Box 17 completed)
 - i. **DELETION OF INVENTOR(S)**
Signed statement attached deleting inventor(s) named in the prior application, see 37 CFR 1.63(d)(2) and 1.33(b).
6. Application Data Sheet, See 37 CFR 1.76

17. If a CONTINUING APPLICATION, check appropriate box, and supply the requisite information below and in a preliminary amendment, or in an Application Data Sheet under 37 CFR 1.76:

Continuation Divisional Continuation-in-part (CIP)

of prior application No. _____ / _____

Prior application information

Examiner _____

Group / Art Unit _____

For CONTINUATION OR DIVISIONAL APPS only: The entire disclosure of the prior application, from which an oath or declaration is supplied under Box 5b, is considered a part of the disclosure of the accompanying continuation or divisional application and is hereby incorporated by reference. The incorporation can only be relied upon when a portion has been inadvertently omitted from the submitted application parts.

18. CORRESPONDENCE ADDRESS

<input checked="" type="checkbox"/> Customer Number or Bar Code Label	23396			<input type="checkbox"/> or <input type="checkbox"/> Correspondence address below
Name	Elmer Galbi			
Address				
City		State		Zip Code
Country		Telephone	503-697-7844	Fax
Name (Print/Type)	Elmer Galbi		Registration No. (Attorney/Agent)	19761
Signature	<i>Elmer Galbi</i>		Date	12/14/01

Burden Hour Statement. This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Box Patent Application, Washington, DC 20231.

10/017890
J879 U.S. PTO
12/14/01

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12/14/01

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FEE TRANSMITTAL

for FY 2001

Patent fees are subject to annual revision

TOTAL AMOUNT OF PAYMENT (\$)

410.00

Complete if Known

Application Number			
Filing Date			
First Named Inventor	Lisanke		
Examiner Name			
Group Art Unit			
Attorney Docket No.	EWG-134 US		

METHOD OF PAYMENT

1. The Commissioner is hereby authorized to charge indicated fees and credit any overpayments to:Deposit Account Number **500433**Deposit Account Name **Elmer Galbi** Charge Any Additional Fee Required Under 37 CFR 1.16 and 1.17 Applicant claims small entity status See 37 CFR 1.272. Payment Enclosed:
 Check Credit card Money Order Other

FEE CALCULATION (continued)

3. ADDITIONAL FEES

Large Entity	Small Entity	Fee Description	Fee Paid
Fee Code (\$)	Fee Code (\$)		
105	130	205 65 Surcharge - late filing fee or oath	
127	50	227 25 Surcharge - late provisional filing fee or cover sheet	
139	130	139 130 Non-English specification	
147	2,520	147 2,520 For filing a request for ex parte reexamination	
112	920*	112 920* Requesting publication of SIR prior to Examiner action	
113	1,840*	113 1,840* Requesting publication of SIR after Examiner action	
115	110	215 55 Extension for reply within first month	
116	390	216 195 Extension for reply within second month	
117	890	217 445 Extension for reply within third month	
118	1,390	218 695 Extension for reply within fourth month	
128	1,890	228 945 Extension for reply within fifth month	
119	310	219 155 Notice of Appeal	
120	310	220 155 Filing a brief in support of an appeal	
121	270	221 135 Request for oral hearing	
138	1,510	138 1,510 Petition to institute a public use proceeding	
140	110	240 55 Petition to revive - unavoidable	
141	1,240	241 620 Petition to revive - unintentional	
142	1,240	242 620 Utility issue fee (or reissue)	
143	440	243 220 Design issue fee	
144	600	244 300 Plant issue fee	
122	130	122 130 Petitions to the Commissioner	
123	50	123 50 Petitions related to provisional applications	
126	240	126 240 Submission of Information Disclosure Stmt	
581	40	581 40 Recording each patent assignment per property (times number of properties)	40.00
146	710	246 355 Filing a submission after final rejection (37 CFR § 1.129(a))	
149	710	249 355 For each additional invention to be examined (37 CFR § 1.129(b))	
179	710	279 355 Request for Continued Examination (RCE)	
169	900	169 900 Request for expedited examination of a design application	

FEE CALCULATION

1. BASIC FILING FEE

Large Entity	Small Entity	Fee Description	Fee Paid
Fee Code (\$)	Fee Code (\$)		
101	710	201 355 Utility filing fee	370.00
106	320	206 160 Design filing fee	
107	490	207 245 Plant filing fee	
108	710	208 355 Reissue filing fee	
114	150	214 75 Provisional filing fee	

SUBTOTAL (1) (\$ 370.00)

2. EXTRA CLAIM FEES

Extra Claims	Fee from below	Fee Paid
Total Claims	-20** = <input type="text"/> X <input type="text"/> = <input type="text"/>	
Independent Claims	- 3** = <input type="text"/> X <input type="text"/> = <input type="text"/>	
Multiple Dependent		<input type="text"/>

Large Entity	Small Entity	Fee Description
Fee Code (\$)	Fee Code (\$)	
103	18	203 9 Claims in excess of 20
102	80	202 40 Independent claims in excess of 3
104	270	204 135 Multiple dependent claim, if not paid
109	80	209 40 ** Reissue independent claims over original patent
110	18	210 9 ** Reissue claims in excess of 20 and over original patent

SUBTOTAL (2) (\$ 370.00)

*or number previously paid, if greater, For Reissues, see above

Other fee (specify) Reduced by Basic Filing Fee Paid

SUBTOTAL (3) (\$ 40.00)

SUBMITTED BY		Complete if applicable		
Name (Print/Type)	Elmer Galbi	Registration No (Attorney/Agent)	19761	Telephone
Signature	<i>Elmer Galbi</i>			503-697-7844
				Date
				12/14/01

WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.

Burden Hour Statement This form is estimated to take 0 2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231

EXPRESS MAIL LABEL NO. ET 838 772 730 US

Date of Deposit: December 14, 2001

I hereby certify that this is being deposited with the United States Postal Service "Express Mail, Post Office to Addressee" service under 37 CFR 1.10 on the date indicated above and is addressed to Box PATENT APPLICATION, Asst. Commissioner for Patents, US Patent Office, Washington, D.C. 20231.

By:



Elmer Galbi, Reg. No. 19,761
13314 Vermeer Drive
Lake Oswego, OR, 97035
Telephone 503-697-78444

Commissioner of Patents and Trademarks
Washington, D.C. 20231

Dear Sir:

Transmitted herewith for filing is the following new patent application:

Inventors: Robert J Lisanke

Title: An IMPROVED NETWORK SERVER

Attorney Docket Reference: EWG-134 US

Enclosed are:

- 1) A specification of the invention including three (3) sheets of drawings
- 2) A Transmittal form
- 3) An application data sheet
- 4) A fee transmittal form
- 5) A signed Assignment of the invention including a cover sheet
- 6) A signed Declaration by the Inventor
- 7) A return addressed postcard for filing notification
- 8) A check for \$415.00 (Trevalon-#2251) is enclosed to cover the filing fee

Please charge any deficiency in the enclosed fee (or credit any overpayment) to Deposit account 500,433 which is in the name of Elmer Galbi.

Please direct all correspondence to address of Customer number 23396 which corresponds to the address given below.

Respectfully submitted,



Elmer W. Galbi, Reg. No. 19,761
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